

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

1868  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Andrew Registration District No. 15  
 (b) Township Platt Primary Registration District No. 5019 Registered No. 1  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Franklin Roberts 163  
 (a) Residence, No. Andrew County St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m  
 4. COLOR OR RACE w  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie A. Roberts  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1868  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 6 24

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frazier mo

FATHER  
 13. NAME John Price Roberts  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew co mo

MOTHER  
 15. MAIDEN NAME Nancy Jane Richards  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown mo

17. INFORMANT (ADDRESS) Mrs Maudie A. Roberts  
Rea mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Whitesville DATE 1-13 1938

19. FUNERAL DIRECTOR (ADDRESS) E. C. Breit  
Lawrence mo

20. FILED Jan 13 1938 Mrs E. C. Jefferies  
Regist. Ar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1938  
 22. I HEREBY CERTIFY, That I attended deceased from August 1, 1927, to Jan 11, 1938  
 I last saw him alive on January 16, 1938. Death is said to have occurred on the date stated above, at 3 pm m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis with Angina Pectoris  
 Other contributory causes None

**RECEIVED**

Name of operation FEB 21-1938 Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes, fill in also the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) A. Monroe Peter, M. D.  
 (Address) Whitesville mo

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**